Refer to: MB:ST NE 0187.90.R2

Stephen B. Curtiss, Director Nebraska Dept of Health & Human Services Finance & Support 301 Centennial Mall S., 5th Floor PO Box 95026 Lincoln, Nebraska 68509

Dear Mr. Curtiss:

I am pleased to inform you that your request for the renewal of Nebraska's Home and Community-Based Services Waiver for Aged and Disabled Adults and Children, as authorized under the provisions of Section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 0187.90.R2. Based on the assurances and information provided, the waiver request cited above is approved for a 5-year period, effective August 1, 2001.

This waiver continues to provide Adult Day Health, Respite, Chore, Non-Medical Transportation, Independence Skills Management, Day Care - Disabled Child, PERS, Home-Delivered Meals, Environmental Access Adaptations, Specialized Medical Equipment and Supplies, Nutrition Services, and Assisted Living.

The following estimates of utilization and cost of waiver services have been approved:

	С		X D	= Total
(08/01/01 - 07/31/02) Year 1	3,600	Χ	10,202 =	\$36,728,328
(08/01/02 - 07/31/03) Year 2	3,900	X	11,662 =	\$45,483,501
(08/01/03 - 07/31/04) Year 3	4,200	X	12,654 =	\$53,146,799
(08/01/04 - 07/31/05) Year 4	4,500	X	13,688 =	\$61,595,070
(08/01/05 - 07/31/06) Year 5	4,800	Χ	14,738 =	\$70,742,555

This waiver renewal request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe Tilghman Regional Administrator

cc: Bob Seiffert Mary Jo Iwan Sharon Taggart

bcc: M J Duckett, CO

Luce

TAGGART:st 8/28/01 :0187app.doc